Oakbridge Guardians Ltd

Emergency Authority & Consent Form

F003
Printable / fillable copy

Permissions Oakbridge needs to support your child safely in an emergency.

Complete on a computer (type into the boxes) or print and write clearly in black ink. Tick Yes or No where shown. Boxes with lines are for longer answers. Return the completed form to Oakbridge. Fields marked * are required.

1. Student identification

Do you know the Oakbridge Student ID (OSID)? *

☐ Yes ☐ No

Oakbridge Student ID (OSID) — one character per box

☐ ☐ ☐ ☐ ☐

If known, enter the 5-digit OSID. New registrations leave this blank.

Student first name *

Student surname *

Preferred name

Date of birth (DD/MM/YYYY) *

School *

2. Emergency authority

I authorise Oakbridge to act in my child's best interests where immediate action is required and I cannot be contacted. *

☐ Yes ☐ No

3. Emergency medical authority

Consent for Oakbridge to support access to emergency medical treatment. *

☐ Yes ☐ No

Consent for Oakbridge to communicate with healthcare professionals. *

☐ Yes ☐ No

Consent for Oakbridge to receive information from healthcare professionals. *

☐ Yes ☐ No

Does your child carry any emergency medication?

☐ Yes ☐ No

If Yes — emergency medication details

Hospital attendance / related charges acknowledgement. *

☐ Yes ☐ No

4. Emergency accommodation & transport

Consent for emergency accommodation arrangements if needed. *

☐ Yes ☐ No

Consent for emergency transport arrangements if needed. *

☐ Yes ☐ No

Approved drivers / transport notes

5. Travel & visits permissions

Host family travel with student (where arranged). *

☐ Yes ☐ No

Educational visits organised via school / Oakbridge. *

☐ Yes ☐ No

Student may request day trips (subject to rules). *

☐ Yes ☐ No

Student may request weekend trips (subject to rules). *

☐ Yes ☐ No

Student may request travel out of the UK (subject to rules). *

☐ Yes ☐ No

Student may request own accommodation (subject to rules). *

☐ Yes ☐ No

6. Photos & school communication

Operational photos (ID / welfare / internal use). *

☐ Yes ☐ No

Marketing photos (website / publicity). *

☐ Yes ☐ No

School communication consent. *

☐ Yes ☐ No

Additional information

Parent relationship to student *

If Other, specify

7. Declaration

If a student is completing this form, a parent / legal guardian must still review and approve it before Oakbridge treats it as final.

- I give the consents marked Yes above.
- I understand selecting No to required authorities may affect Oakbridge's ability to provide guardianship.
- I will notify Oakbridge of any changes to these permissions.

I confirm that I have read, understood and agree to the statements above. *

☐ Yes ☐ No

Declarant full name *

Date (DD/MM/YYYY) *

Signature — type full name, or sign in the box if printing *